

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PATENT APPLICATION FEE DETERMINATION RECORD</b> Substitute for Form PTO-875						Application or Docket Number <b>10/519,978</b>		
<b>CLAIMS AS FILED - PART I</b>								
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY		
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					\$ _____		\$ _____	
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = *			X \$ _____ =		OR	X \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 = *			X \$ _____ =		OR	X \$ _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =	
				TOTAL		OR	TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2.								
<b>CLAIMS AS AMENDED - PART II</b>								
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE	
Total (37 CFR 1.16(c))		Minus **		X \$ _____ =		OR	X \$ _____ =	
Independent (37 CFR 1.16(b))		Minus ***		X \$ _____ =		OR	X \$ _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
<b>AMENDMENT A</b>	(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))		Minus **		X \$ _____ =		OR	X \$ _____ =
	Independent (37 CFR 1.16(b))		Minus ***		X \$ _____ =		OR	X \$ _____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
<b>AMENDMENT B</b>	(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))		Minus **		X \$ _____ =		OR	X \$ _____ =
	Independent (37 CFR 1.16(b))		Minus ***		X \$ _____ =		OR	X \$ _____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
<b>AMENDMENT C</b>	(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))		Minus **		X \$ _____ =		OR	X \$ _____ =
	Independent (37 CFR 1.16(b))		Minus ***		X \$ _____ =		OR	X \$ _____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.